HARRY E. BOVAY, JR. FOUNDATION **C**AMPERSHIP

RESIDENTS OF ALL COUNTIES

Camp Horne Summer Camp - Cub Resident Camp 2024									
Applicant Information									
Last Name:		First Name:		M.I.:					
Address:	Appt #:								
City:		County:	State:	ZIP Code:					
Troop:	District: (circle) River Mountain Prairie	School:		Date of Birth:					
Parent's Name: Emergency Phone:									
Email Address:			Annual Household Income;						
Camperships are ONLY f Director, to families w	or registered Cubs and will be allott ho need the help.	ted under the direction (of a volunteer committee and th	e Council Program					
Campership funds ar	e provided by the Harry E. Bova	y, Jr Foundation and	other gifts made by Friends	of Scouting.					
sick person, handi campership. Send r	of application, carry out a Se capped person, the unit's ch eport of service with the app	arter organization		,					
CompleteProvide spe	TION THE Cub Scout in the Packthrough Annual Health Screening Forending money.	m, Parts A & B.							

- Provide personal equipment. (See Cub Leader for list of supplies needed.)
- Pay \$ 75 toward the total camp fee of \$175 if fee paid in full by May 24, 2024. No more than \$75 will be provided for a campership.

COUNCIL AND CAMP RESPONSIBILITY

- 1. Provide tents and health service at camp

2.	. Camp provides 3 meals each day in the dining hall						
3.	. Camp provides opportunities for swimming, activities, rifle range, archery, hiking, and campfires						
4.	Provide a campership in the amount not to exceed $\frac{75}{1}$. Amount Requesting: $\frac{1}{1}$						
I (We) have read the above requirements for the campership and agree to the provisions.							
Date: Signatu		Signature:					
	-		_	Scoutmaster			
Signatures REQUIRED! **ALL Campership Applications must be received no later than March 27, 2024 at the Council Office.**							
Cub Resident Camp: June 2-5, 2024							